

PERSONNEL SECURITY ACTION REQUEST PACKET (CIVILIAN) (SECURITY SOP)		DATE:	
		OFFICE SYMBOL:	REQUEST NUMBER:
TO:		THRU:	
FROM:			
NAME: (Last, First, Middle):		ALIAS/MAIDEN:	SSN:
ORGANIZATION:		POSITION TITLE:	GRADE:
ACTION REQUESTED (Check applicable items) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> a. Security TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> INTERIM <input type="checkbox"/> </div> <div> b. Investigation: NACLC <input type="checkbox"/> SSBI <input type="checkbox"/> SECRET-PR <input type="checkbox"/> TS-PR <input type="checkbox"/> </div> <div> c. Other: </div> </div>			
Contact the following individual if additional information is required:			
NAME :		RANK:	PHONE NUMBER:
TO BE COMPLETED BY THE SECURITY OFFICE			
REVIEW OF THE OFFICIAL PERSONNEL FILE (OPF) RESULTED IN THE FOLLOWING INFORMATION			
AKA:			
DOB:		Place of Birth:	
No break in federal service exceeding 24 months _____ (date).			
Previous security investigation <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> YES <input type="checkbox"/> </div> <div> The following form/forms attached DA Form 873 <input type="checkbox"/> SF 85 <input type="checkbox"/> SF 86 <input type="checkbox"/> SF 171 (Over stamped) <input type="checkbox"/> OF 612 <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> NO <input type="checkbox"/> </div> <div> NACI Initiated? YES <input type="checkbox"/> _____ NO <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> SF 312 in OPF? </div> <div> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> </div>			
Does OPF contain adverse information as listed in Para 2-200, AR 380-67? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> YES <input type="checkbox"/> </div> <div> Copies of adverse information mailed _____ (date). </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> NO <input type="checkbox"/> </div> <div> _____ _____ _____ </div> </div>			
Designation on Job Description: Critical Sensitive Noncritical-sensitive Nonsensitive None			
Remarks:			
TYPED/PRINTED NAME OF REQUESTOR:		SIGNATURE:	DATE: